

1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

60

County CochiseState ARIZONA

Township _____

or Village _____

City Douglas No. 529-3rd St.

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus Ortega

{ If child is not yet named, make supplemental report, as directed

3. Sex

If plural births

4. Twin, triplets, or other

6. Premature

7. Is mother

8. Date of birth

male5. Number, in order of birth 1Full term 1married yesNov. 25, 1926
(Month, day, year)

9. Full name

FATHER

Juan L. Ortega

18. Full maiden name

MOTHER

Concepcion Ruiz10. Residence (usual place of abode)
(If non-resident, give place and State)19. Residence (usual place of abode)
(If non-resident, give place and State)11. Color or race Mex.12. Age at last birthday 37 (Years)20. Color or race Mex.21. Age at last birthday 35 (Years)

13. Birthplace (city or place)

El Paso, Texas

22. Birthplace (city or place)

Mexico

(State or Country)

(State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.

merchant

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

none

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

shoestore

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

housewife

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

13

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 11

(b) Born alive but now dead

(c) Stillborn

28. If stillborn,

period of gestation

(months or weeks)

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 3 a. m. on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)

M. D.

or

Midwife

Address

Filed

Given name added from a supplemental report

(Date of)

Registrar.

Registrar.

1101-1125-399

Use of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.